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Bib Data Sheet

CONFIRMATION NO. 2204

SERIAL NUMBER 09/692,420	FILING DATE 10/19/2000 RULE	CLASS 455	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. 39385/CAG/B600
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APPLICANTS
Hooman Darabi, Los Angeles, CA;
Ahmadreza Rofougaran, Marina Del Rey, CA;
Shahla Khorram, Los Angeles, CA;
Brima Ibrahim, Los Angeles, CA;

**** CONTINUING DATA *******
THIS APPLICATION IS A CON OF 09/634,552 08/08/2000
AND CLAIMS BENEFIT OF 60/160,806 10/21/1999
AND CLAIMS BENEFIT OF 60/163,487 11/04/1999
AND CLAIMS BENEFIT OF 60/163,398 11/04/1999
AND CLAIMS BENEFIT OF 60/164,442 11/09/1999
AND CLAIMS BENEFIT OF 60/164,194 11/09/1999
AND CLAIMS BENEFIT OF 60/164,314 11/09/1999
AND CLAIMS BENEFIT OF 60/165,234 11/11/1999
AND CLAIMS BENEFIT OF 60/165,239 11/11/1999
AND CLAIMS BENEFIT OF 60/165,356 11/12/1999
AND CLAIMS BENEFIT OF 60/165,355 11/12/1999
AND CLAIMS BENEFIT OF 60/172,348 12/16/1999
AND CLAIMS BENEFIT OF 60/201,335 05/02/2000
AND CLAIMS BENEFIT OF 60/201,157 05/02/2000
AND CLAIMS BENEFIT OF 60/201,179 05/02/2000
AND CLAIMS BENEFIT OF 60/202,997 05/10/2000
AND CLAIMS BENEFIT OF 60/201,330 05/02/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/28/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 48	TOTAL CLAIMS 81	INDEPENDENT CLAIMS 5
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ADDRESS
23363

TITLE
Adaptive radio transceiver with filtering

FILING FEE RECEIVED 2098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
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<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								